THE CONVENTION ON THE RIGHTS OF THE CHILD

Session 63
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REPORT ON THE SITUATION OF
INFANT AND YOUNG CHILD FEEDING
IN SLOVENIA

March 2012

Data sourced from:
ILO website Maternity Protection Database

Prepared by:
Geneva Infant Feeding Association (IBFAN-GIFA, Geneva, Switzerland)
Optimal infant and young child feeding practices include the following:

- Six months of exclusive breastfeeding;
- Continued breastfeeding for two years or beyond;
- Timely, adequate, safe and appropriate complementary foods and feeding starting after six months; and
- Related support for maternal health, nutrition and birth spacing.

Optimal breastfeeding:

- Saves another 1-2 million lives each year (in addition to the millions it saves today);
- Reduces respiratory infections and diarrhea deaths by 50-95%);
- Significantly increases the effectiveness of immunizations;
- Reduces the need for ORS by more than 50%;
- Significantly increases intelligence and readiness to learn;
- Automatically reduces mother to child transmission of HIV an estimated 10-20%;
- Reduces child desertion in hospitals and strengthens mother-child protective bond;
- Increases growth, and provide the majority of an infant's nutritional need.

General points concerning reporting to the CRC

In 2013, the CRC Committee will review Slovenia’s combined 3rd and 4th periodic report.

At the last review in 2004 (session 35), IBFAN presented a report on the state of breastfeeding prepared by the National Committee for Breastfeeding Promotion. In its last Concluding Observations, the CRC Committee did not make any direct recommendation related to breastfeeding though, in para 45, the Committee recommends the State party:

“... to give priority attention to identifying and addressing the causes of the poor health situation of some children, particularly Roma children, and the high maternal mortality rates...” Considering the whole life cycle, this certainly includes better health and nutrition of infants and young children.

Besides the CRC, Slovenia ratified other international human rights treaties, in particular the Covenant on Economic, Social and Cultural Rights (CESCR) and the Convention on the Elimination of all Discrimination Against Women (CEDAW). At the last review in November 2008 (session 42), the CEDAW Committee’s concern on “the persistence of the high maternal mortality rate” indicates that the issue of maternal mortality has not been adequately tackled since the issuance of the abovementioned CRC recommendation. The CEDAW Committee urged Slovenia “to take targeted measures to lower the maternal mortality rate, including through implementing the recommendations proposed by the Working Group on the Prevention of Maternal Mortality and improving the access by women to sexual and reproductive health information and services. The Committee also encourages the State party to

carefully monitor the delivery of health services in order to respond in a gender-sensitive manner to all health concerns of women.”

Slovenia has not yet ratified the International Convention on the Protection of the Rights of All Migrant Workers and Members of their Families, the International Convention for the Protection of All Persons from Enforced Disappearance.

1) General situation concerning breastfeeding in Slovenia

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<tr>
<td>Infant mortality rate under 1 year of age (per 1000 live births)</td>
<td>9 (1990)</td>
<td>2 (2010)</td>
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<tr>
<td>Neonatal mortality rate (per 1000 live births)</td>
<td>2 (2010)</td>
<td></td>
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<tr>
<td>Maternal mortality ratio (per 100,000 live births)</td>
<td>10 (2006-2010 reported)</td>
<td>18 (2008 adjusted)</td>
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<tr>
<td>Skilled attendant at birth</td>
<td>100% (2006-2010)</td>
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Breastfeeding data
There is no available data on breastfeeding.

3) Government efforts to encourage breastfeeding

National measures to implement the Global strategy on Infant and Young Child Feeding:
Slovenia developed a National Programme of Food and Nutrition Policy during the period 2005-2010 and since 2007 has a National Program on health protection and promotion, that will last until 2013, and that has a nutrition component. We could not find any information on whether the policies include indications on breastfeeding.

The International Code of Marketing of Breastmilk Substitutes:
As all European Union member states that have implemented the 2006 EU Directive on Infant Formulae and Follow-up Formulae, Slovenia has a “few provisions law” as defined by the IBFAN International Code Documentation Centre in its document State of the Code by Country (2011).

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2 CEDAW/C/SVN/CO/4, paras 31-32.
This signifies that the law does not meet the standards of the International Code and should therefore be strengthened.

The WHO Global Strategy for Infant and Young Child Feeding aims to revitalize efforts to promote, protect and support appropriate infant and young child feeding. It builds upon past initiatives, in particular the Innocenti Declaration and the Baby-friendly Hospital initiative and addresses the needs of all children including those living in difficult circumstances, such as infants of mothers living with HIV, low-birth-weight infants and infants in emergency situations.

The strategy calls for action in the following areas:

- All governments should develop and implement a comprehensive policy on infant and young child feeding, in the context of national policies for nutrition, child and reproductive health, and poverty reduction.
- All mothers should have access to skilled support to initiate and sustain exclusive breastfeeding for 6 months and ensure the timely introduction of adequate and safe complementary foods with continued breastfeeding up to two years or beyond.
- Health workers should be empowered to provide effective feeding counselling, and their services be extended in the community by trained lay or peer counsellors.
- Governments should review progress in national implementation of the International Code of Marketing of Breastmilk Substitutes, and consider new legislation or additional measures as needed to protect families from adverse commercial influences.
- Governments should enact imaginative legislation protecting the breastfeeding rights of working women and establishing means for its enforcement in accordance with international labour standards.

4) Baby Friendly Hospital Initiative (BFHI)

In 2002 there were 5 BFH certified hospitals.

5) Maternity protection for working women

It is important to note that Slovenia ratified ILO Convention No. 183 (2000) in 2010.

**Maternity leave**

- Mothers have the right to maternity leave if they are insured under the Parental Protection and Family Benefits Act.
- *Qualifying conditions:* mothers shall inform the employer of the intended use of maternity leave before giving birth or within 3 days after the childbirth (unless her medical condition prevents her doing so).
Duration: **105 days**, of which at least 28 must be used before giving birth. Maternity leave may begin up to 45 days prior to giving birth (based on a certificate issued by the appropriate medical authority).

- **Cash benefits** amount to 100% of the income basis and are financed by social security.

**Part-time work**

- Parental leave can also be used as partial absence from work. One of the parents who nurses and cares for a child until the child’s third year of age shall have the right to part-time work. Part-time work shall include at least a half of the normal obligation for weekly working hours.

**Parental leave**

- After the expiration of maternity leave, one of the parents insured under the Parental Protection and Family Benefits Act has the right to a leave for the purpose of nursing and caring for a child, to be agreed between the parents.
- **The duration** is **260 days** immediately after the expiry of maternity leave (additional 90 days each in case of multiple births). Extensions are foreseen in case of premature birth and for families with several children up to a specific age.
- In general, both parents cannot take parental leave at the same time in the form of full absence from work.
- Cash benefits can amount to at least 55% of the minimum salary and 250% of the national average wage and is financed by social security.

**Paternity leave**

- All employed fathers insured under the Parental Protection and Family Benefits Act are entitled to 90 days of paternity leave (non-transferable). 15 days of this period have to be taken until the child reaches six months of age. The 75 remaining days of paternity leave can be used until the child is 3 years old.
- During 15 days of leave, the father receives 100 per cent of the income basis (amounting to at least 55 per cent of the minimum salary and 250 per cent of the national average wage) financed by social security. For the remaining 75 days the state pays social security contributions for the father.

**Medical benefits**

**Pre-natal, childbirth and post-natal care**

- Specific provisions for maternity include: medical checks and ultrasound examinations during pregnancy, hospitalisation and health care services in connection with confinement during the hospitalisation, home care for the mother and the child (two visits of the nurse).
- **Financing:** Compulsory social insurance scheme. There is no patient contribution for health care during pregnancy and child birth.

**Breastfeeding**

- A woman worker, who breastfeeds a child and works full-time, shall have the right to a breastfeeding break during the working time of at least one hour a day.
- **Remuneration of nursing breaks**: the right to wage compensation for the duration of the breastfeeding break shall be exercised in accordance with the regulations on parental leave.
- **Nursing facilities**: the employer shall ensure suitable rooms with beds for pregnant and nursing mothers to rest. Pregnant and nursing mothers must also be able to lie down in rooms with beds if so required for medical reasons.

### 7) Obstacles and recommendations

*The following obstacles/problems have been identified:*
- There is no collection of data on breastfeeding practices;
- The minimum standards contained in the International Code of Marketing of Breastmilk Substitutes are not fully met by the few provisions of law.

*Our recommendations:*

- Slovenia should assess the status of implementation of policies and programmes determined in the WHO Global Strategy on Infant and Young Child Feeding; Slovenia should start collecting data on breastfeeding in conformity with indicators used at the international level.
- The national legislation on marketing of breastmilk substitutes needs to be reinforced in order to meet the minimum standards of the International Code of Marketing of Breastmilk Substitutes.